

EXHIBIT 18

The Use of Mobile Health Technology and Behavioral Economics to Encourage Adherence in Adolescents

NCT04458766

▾ Sponsor/Collaborators

Sponsor: Boston Children's Hospital

Responsible Party: Principal Investigator

Investigator: Jacob Hartz

Official Title: Staff Cardiologist and Instructor of Pediatrics

Affiliation: Boston Children's Hospital

Collaborators: Wellth Inc.

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Responsible Party: Jacob Hartz, Staff Cardiologist and Instructor of Pediatrics, **Boston Children's Hospital**

We will test the subject's adherence prior to the use of incentives (using the Morisky Medication Adherence Scale and the Wellth Mobile Application) and during the period of time the incentives are provided. Lastly, we will test the subject's adherence (using the Morisky Medication Adherence Scale

APPROACH Determine the efficacy of a monetary incentive to improve medication adherence.

Aim 1.1 We will determine the baseline adherence level in adolescents with FH prescribed a statin using the Morisky Medication Adherence Scale (MMAS).

Adherence will be measured by two methods. The first will be through the Morisky Medication Adherence Scale (MMAS) and the second will be using the proportion of prescribed pills taken.

The choice to measure adherence with two methods is because we only want to include patients who have poor adherence in the study. As self-reported adherence may be inaccurate, we will use the validated Morisky Medication Adherence Scale (MMAS) to assess baseline adherence. However, during the study period, adherence will be measured much more accurately through the use of the Wellth App. As the score of the MMAS cannot be converted to the proportion of prescribed pills taken, we will simply measure changes in MMAS score throughout the study as well as measure changes in the proportion of prescribed days taken. We provide power calculations for both scenarios below.

riteria: Inclusion Criteria:

1. Diagnosis of FH based on National Lipid Association (NLA) criteria and/or genetic testing
2. Prescribed a statin
3. Be able to provide written, informed consent or have a parent/guardian provide written, informed consent
4. Be able to use a mobile phone and application
5. Morisky Medication Adherence Scale score of ≤ 6

APPROACH Determine the efficacy of a monetary incentive to improve medication adherence.

Aim 1.1 The investigators will determine the baseline adherence level in adolescents with FH prescribed a statin using the Morisky Medication Adherence Scale (MMAS).

Aim 1.2 The investigators will determine the efficacy of a monetary incentive on medication adherence. Patients who are found to have low adherence according to the MMAS in Aim 1.1 will be enrolled into an intervention using the Wellth® mobile health application (Wellth App).

Aim 1.3 Next, the investigators will determine adherence 60 days after the incentives have been discontinued using the tracking features in the Wellth App and the MMAS.

1. Intervention (Days 15-74): Subjects will use Wellth app for 60 days, with incentives provided at the 30- and 60-day mark. At the end of the intervention period (Day 60), the subject will attend a clinic visit with the medical provider and a fasting lipid panel and MMAS will also be collected at this time.
2. Post-intervention (Days 74-134): Subjects will continue to use the Wellth app and receive reminders, but with no incentives provided, for 60 days. A clinic visit, fasting lipid profile, and MMAS will also be collected following the post-intervention period.